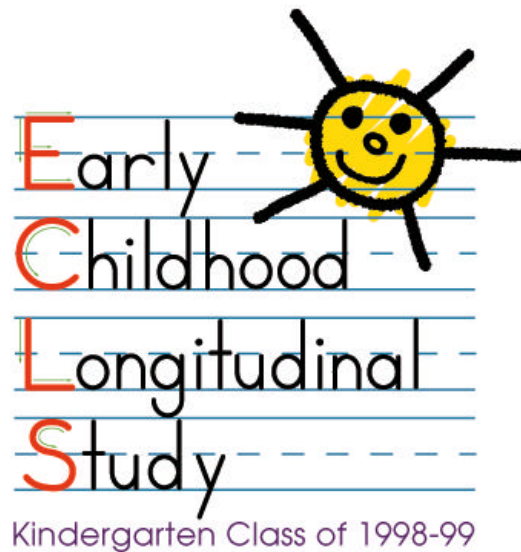


SPRING 2000 SCHOOL ADMINISTRATOR QUESTIONNAIRE

Returning Schools



LABEL

Prepared for the U.S. Department of Education
National Center for Education Statistics

by Westat
1650 Research Boulevard
Rockville, Maryland 20850
(301) 251-1500

Assurance of Confidentiality

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be reported.

INTRODUCTION

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5.

This questionnaire is directed to the school principal. It is divided into nine sections. The first seven sections request mainly factual information about the school and its programs. These sections can be answered **either by the principal or by a designee** who is able to provide the requested information. The final two sections request judgmental evaluations about the school climate and factual information about the principal's background and experience. We ask that these two sections be completed by the principal personally.

Some factual questions may request information that is not readily available from school records (e.g., the average number of years a limited-English-proficient first grader receives English-as-a-Second-Language services). Informed estimates are acceptable for such questions. Please answer directly on the questionnaire by circling the appropriate number or by writing your response in the space provided.

Thank you very much for your help.

DEFINITIONS RELATED TO LANGUAGE

Reference is made to language-minority (LM) students, limited-English-proficient (LEP) students, as well as English-as-a-Second-Language (ESL) and bilingual programs throughout the questionnaire. For this study, the following definitions apply:

- Language-Minority (LM) Students: A student in whose home a non-English language typically is spoken. This group includes students whose English is fluent enough to benefit from instruction in academic subjects offered in English as well as students whose English proficiency is limited.
- Limited-English-proficient (LEP) students: A student whose native language is other than English and whose skills in listening to, speaking, reading, or writing English are such that he/she derives little benefit from school instruction in English.
- English-as-a-second-language (ESL) program: An instructional program designed to teach listening, speaking, reading, and writing English language skills to limited-English-proficient students.
- Bilingual education program: A program in which native language is used to varying degrees in instructing students with limited English proficiency.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 555 New Jersey Avenue, N.W., Washington, DC 20208.

I. SCHOOL CHARACTERISTICS

1. How many days are children required to attend school this academic year? WRITE IN NUMBER BELOW.

_____ Number of School Days

2. What is the **Average Daily Attendance** for your school this year? WRITE IN PERCENT OR NUMBER BELOW. TO CALCULATE PERCENT, DIVIDE THE NUMBER OF STUDENTS ATTENDING ON AN AVERAGE DAY BY THE NUMBER OF STUDENTS ENROLLED.

_____ % Average Daily Attendance (e.g., $\frac{\text{number of students attending on an average day}}{\text{number of students enrolled}}$)

OR

_____ Average Number Attending Daily

3. WRITE IN THE NUMBER OF CHILDREN FOR EACH OF THE FOLLOWING. IF NO CHILDREN HAVE LEFT OR ENROLLED IN YOUR SCHOOL, ENTER "0" ON THAT LINE.

**Number
of Children**

- a. Total enrollment in your school around October 1, 1999, or the date nearest to that for which data are available? _____
- b. Number of children who have enrolled in your school since October 1, 1999? _____
- c. Number of children who have left your school since October 1, 1999 and have not returned?..... _____

4. What percentage of the children in your school belongs to each of the following racial-ethnic groups? WRITE NUMBER OR PERCENTAGE ON EACH LINE. ENTER "0" ON THE LINE IF YOUR SCHOOL HAS NO CHILDREN OF THAT RACIAL-ETHNIC GROUP. NUMBER SHOULD SUM TO TOTAL SCHOOL ENROLLMENT IN Q3a. THE TOTAL ON THE PERCENTAGE COLUMN SHOULD ADD TO 100%.

	Number	OR	Percent
a. Asian or Pacific Islander.....	_____		_____
b. Hispanic, regardless of race.....	_____		_____
c. Black, not of Hispanic origin.....	_____		_____
d. White, not of Hispanic origin	_____		_____
e. American Indian or Native Alaskan.....	_____		_____
f. Other (Please Specify) _____	_____		_____
g. TOTAL.....	_____		<u>100%</u>

5. How many children in your school were eligible for and participated in the following special services? WRITE IN NUMBERS BELOW. ENTER "0" IF SERVICE IS NOT PROVIDED.

	Eligible Children	Participating Children
a. Free breakfast?	_____	_____
b. Free school lunch program?	_____	_____
c. Reduced-price school lunch program?.....	_____	_____

6. Did your school receive federal Title 1 funds for this school year? CIRCLE ONE NUMBER.

Yes..... 1 (GO TO Q7)
 No 2 (SKIP TO Q10)
 Not applicable..... 3 (SKIP TO Q10)

7. Is your school operating a Title 1 school-wide program? CIRCLE ONE NUMBER.

Yes..... 1 (GO TO Q8)
 No 2 (SKIP TO Q9)

8. Does your school use Title 1 for any of the following purposes? CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No
a. To serve targeted children in a pull-out setting	1	2
b. To serve targeted children in an in-class setting	1	2
c. To provide extended time learning opportunities before and/or after school for targeted children	1	2
d. To improve the entire educational program through a school-wide program.....	1	2
e. To provide professional development activities.....	1	2
f. To provide family literacy services.....	1	2

9. If your school is designated a targeted assistance school, how many students are served by the Title 1 program? WRITE IN NUMBER BELOW.

_____ Number of students

II. SCHOOL FACILITIES AND RESOURCES

10. In general, how adequate is each of the following school facilities for meeting the needs of the children in your school? CIRCLE ONE NUMBER ON EACH LINE.

	Do not have	Never adequate	Often not adequate	Sometimes not adequate	Always adequate
a. Cafeteria?	1	2	3	4	5
b. Computer lab?	1	2	3	4	5
c. Library/media center?	1	2	3	4	5
d. Art room?	1	2	3	4	5
e. Gymnasium?	1	2	3	4	5
f. Music room?	1	2	3	4	5
g. Playground?	1	2	3	4	5
h. Classrooms?	1	2	3	4	5
i. Auditorium?	1	2	3	4	5
j. Multi-purpose room?	1	2	3	4	5

11. How many computers in this school are used for....WRITE IN NUMBERS BELOW.

Number of Computers

- a. Instructional purposes only? _____
- b. Both instructional and administrative purposes? _____
- c. Total number of computers? _____

12. Please indicate whether or not each type of equipment or service is available at this school. If the equipment or service is available, please indicate whether it is available for student use. Then provide the number of instructional **rooms** including classrooms, computer and other labs, library/media centers, etc., in which the equipment/service is available.

Equipment	Available at <u>school</u> ?		Available for <u>student use</u> ?	
	Yes	No	Yes	No
a. Computers with access to local area networks (LAN)	1	2 (GO TO Q12b)	1	2
b. Computers with CD-ROM (external or internal)	1	2 (GO TO Q12c)	1	2
c. Computers with wide area networks (WEB, Internet)	1	2 (GO TO Q13)	1	2

13. About what percentage of the children enrolled in this school are from the surrounding neighborhood?
WRITE IN PERCENTAGE BELOW.

_____ %

III. COMMUNITY CHARACTERISTICS AND SCHOOL SAFETY

14. How much of a problem are the following in the neighborhood where this school is located? CIRCLE ONE NUMBER ON EACH LINE.

	Big problem	Somewhat of a problem	No problem	Don't know
a. Tensions based on racial, ethnic, or religious differences?	1	2	3	8
b. Garbage, litter, or broken glass in the street or road, on the sidewalks, or in yards?	1	2	3	8
c. Selling or using drugs or excessive drinking in public?	1	2	3	8
d. Gangs?	1	2	3	8
e. Heavy traffic?	1	2	3	8
f. Violent crimes like drive-by shootings?	1	2	3	8
g. Vacant houses and buildings?	1	2	3	8
h. Crime in the neighborhood?	1	2	3	8

15. Have any of the following things happened **during this school year** at this school? CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No
a. Children bringing weapons to school?	1	2
b. Things being taken directly from children or teachers by force or threat of force at school or on the way to or from school?	1	2
c. Children or teachers being physically attacked or involved in fights?	1	2

16. Does your school take any of the following measures to ensure the safety of children? CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No
a. Security guards?	1	2
b. Metal detectors?	1	2
c. Locked exterior doors during the day?	1	2
d. A requirement that visitors sign in?	1	2
e. Limits on going to the restrooms?	1	2
f. Teachers assigned to supervise the hallways?	1	2
g. Hall passes required to leave class?	1	2

IV. SCHOOL POLICIES AND PRACTICES

17. Are children at this school required to wear a school uniform? Do not include required physical education uniforms. CIRCLE ONE NUMBER.

Yes..... 1

No 2

18. Based on recent standardized tests, what percent of elementary children currently enrolled in this school tested at or above grade level nationally in...WRITE IN PERCENTAGES BELOW.

a. Reading or verbal skills %

b. Mathematics or quantitative skills %

19. Which of the following statements describe your school's grade retention practices or policies? CIRCLE ONE NUMBER ON EACH LINE.

	True	False
a. Children can be retained at any grade	1	2
b. Children can be retained for maturational reasons (e.g., social/emotional immaturity)	1	2
c. Children can be retained at the request of their parents	1	2
d. Children can be retained due to academic deficiencies (e.g., below grade level)	1	2
e. Children can be retained in kindergarten	1	2
f. Children can be retained more than once in each grade	1	2
g. Children can be retained more than once in elementary school	1	2
h. Children can be retained without their parents' permission	1	2
i. Children with disabilities can be retained	1	2
j. This school has a formal retention policy	1	2

20. How many **first grade** children were retained at their current grade levels last school year? WRITE IN NUMBER BELOW.

_____ Number of first graders retained last year

V. SCHOOL-FAMILY-COMMUNITY CONNECTIONS

21. Which of the following are used to provide **first graders'** parents with information about their children's performance? CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No
a. Standard Report Card (e.g., a letter grade assigned for each subject)?.....	1	2
b. Progress Report Form (narrative report)?	1	2
c. Competency Based Checklists?	1	2
d. Portfolio of Child's Work?	1	2
e. Standardized Test Scores?	1	2

22. Does this school have a school-based management committee or other decision-making body **other than** a school board, parent/teacher association (PTA), or parent/teacher organization? CIRCLE ONE NUMBER.

Yes..... 1 **(GO TO Q23)**
 No 2 **(SKIP TO Q24)**

23. Are the following groups represented on your school-based management committee? CIRCLE ONE NUMBER ON EACH LINE. FOR EACH "YES," WRITE THE NUMBER OF COMMITTEE MEMBERS FROM EACH GROUP IN THE SPACE PROVIDED.

	Yes	No	Number
a. Administrators (e.g., principals, deans).....	1	2	_____
b. Teachers	1	2	_____
c. Personnel from district office or larger administration system.....	1	2	_____
d. School board members.....	1	2	_____
e. Parents.....	1	2	_____
f. Community representatives (from businesses, colleges and universities, civil rights groups, church groups, etc.)	1	2	_____
g. Other (Please specify) _____	1	2	_____

VI. SCHOOL PROGRAMS FOR SPECIAL POPULATIONS

ESL and Bilingual Education

24. Are any of the children in this school limited-English-proficient (LEP)? SEE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. CIRCLE ONE NUMBER.

Yes..... 1 **(GO TO Q25)**

No 2 **(SKIP TO Q29)**

25. What percent of children in this school are limited-English-proficient (LEP)? WRITE IN THE PERCENTS BELOW.

a. _____ % LEP in entire school

b. _____ % LEP in First Grade

26. What percent of first grade children receive bilingual or ESL services or both? SEE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. WRITE IN THE PERCENTS BELOW. WRITE "0" IF SERVICE IS NOT PROVIDED.

**% Receiving
Bilingual
Services Only**

**% Receiving
ESL
Services Only**

**% Receiving
Both ESL and
Bilingual Services**

First Grade Children

27. On average, how many years will a limited-English-proficient (LEP) first grader receive the following services at your school? WRITE IN THE YEARS BELOW.

Number of Years

a. English-as-a-Second-Language (ESL) services _____

b. Bilingual services _____

c. Both ESL and bilingual services _____

28. Are any of the following special services provided to families of Language-Minority/Limited-English-Proficient (LM-LEP) children? SEE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No
a. Translators are made available to parents for parent/teacher and parent/school staff meetings and/or meetings are conducted in the parents' non-English language?	1	2
b. Translation of written communications are provided to LM-LEP families?	1	2
c. Home visits are made to families of LM-LEP children?	1	2
d. An outreach worker assists in enrolling children first entering school?	1	2
e. The school conducts special parent meetings for non-English background families?	1	2
f. Other? (Please specify) _____		
_____	1	2

Special Education

29. Where are children with disabilities typically served in this school? CIRCLE ONLY ONE NUMBER.

Children with disabilities are not served in this school	1
Children with disabilities typically spend most of their day in separate classes	2
Children with disabilities typical spend most of their day in the regular classroom.....	3

VII. STAFFING AND TEACHER CHARACTERISTICS

30. In terms of full-time equivalents (FTE), what is your total school staff? A person who works full time has an FTE of 1.0. A person who works half time for five days a week has an FTE of .5. WRITE IN NUMBER BELOW.

_____ TOTAL FULL-TIME FTE

31. For each of the following categories provide your best estimate of the number of full-time equivalent (FTE) staff in your school. Please include the FTE of any district-level staff providing services to the children you teach. If no staff are employed in a particular category, write "0". A person who works full time has an FTE of 1.0. A person who works half time for five days a week has an FTE of .5. If a single person acts in 2 or more positions, divide his/her time between these positions (for example .5 in one and .5 in the other).

Full Time Equivalent Staff

- | | |
|---|--------------|
| a. Administrative staff | _____ . ____ |
| b. Regular classroom teachers..... | _____ . ____ |
| c. Gym, drama, music, or art teachers | _____ . ____ |
| d. Compensatory education teachers (e.g., Title 1, teachers funded by state or local programs for poor or low-achieving children (DO NOT INCLUDE SPECIAL EDUCATION OR ESL/BILINGUAL)..... | _____ . ____ |
| e. Teacher aides (DO NOT INCLUDE SPECIAL EDUCATION OR ESL/BILINGUAL) | _____ . ____ |
| f. Special education teachers | _____ . ____ |
| g. Special education aides | _____ . ____ |
| h. ESL/Bilingual teachers..... | _____ . ____ |
| i. ESL/Bilingual aides | _____ . ____ |
| j. Librarians/media specialists | _____ . ____ |
| k. Speech therapists, and occupational or physical therapists | _____ . ____ |
| l. School nurses | _____ . ____ |
| m. Reading Specialists | _____ . ____ |
| n. Math and Science specialists | _____ . ____ |
| o. Foreign Language specialists..... | _____ . ____ |

32. About what percentage of your teachers are members of the following groups? WRITE NUMBER OR PERCENTAGE ON EACH LINE. ENTER "0" ON THE LINE IF YOUR SCHOOL HAS NO TEACHERS OF THAT RACIAL-ETHNIC GROUP. THE TOTAL ON THE PERCENTAGE COLUMN SHOULD ADD TO 100%.

	Number	OR	Percent
a. Asian or Pacific Islander.....	_____		_____
b. Hispanic, regardless of race.....	_____		_____
c. Black, not of Hispanic origin.....	_____		_____
d. White, not of Hispanic origin	_____		_____
e. American Indian or Native Alaskan.....	_____		_____
f. Other (Please Specify) _____	_____		_____
g. TOTAL NUMBER OF TEACHERS.....	_____		<u>100%</u>

33. If a person other than the school principal has answered Sections I to VII, please provide the following information: PLEASE PRINT.

IF YOU ARE THE PRINCIPAL, CHECK HERE ☐ **GO TO Q34.**

Last Name

First Name

Middle Initial

Title

How long employed at this school? _____

SECTIONS VIII AND IX SHOULD BE COMPLETED BY THE SCHOOL PRINCIPAL ONLY

VIII. SCHOOL GOVERNANCE AND CLIMATE

34. How many times a year do you conduct formal classroom observations of individual teachers in your school? CIRCLE ONE NUMBER ON EACH LINE.

**Number of
observations per year**

- | | | | | | | |
|------------------------------|---|---|---|---|---|----|
| a. Non-tenured teachers..... | 0 | 1 | 2 | 3 | 4 | 5+ |
| b. Tenured teachers | 0 | 1 | 2 | 3 | 4 | 5+ |

35. How much emphasis do you place on the following goals and objectives for your teachers and how successful are your teachers in meeting these goals? CIRCLE ONE NUMBER ON EACH LINE FOR "A" AND ONE NUMBER ON EACH LINE FOR "B".

	A. Emphasis On Goal			B. Success of Your Teachers		
	No or Minor Emphasis	Moderate Emphasis	Major Emphasis	Not Very Successful	Somewhat Successful	Very Successful
a. Facilitating children's progress in language and number skills	1	2	3	1	2	3
b. Facilitating children's progress in social or behavioral skills	1	2	3	1	2	3
c. Facilitating children's progress in fine and gross motor skills	1	2	3	1	2	3
d. Raising average performance on standardized tests, screeners or readiness instruments.....	1	2	3	1	2	3
e. Maintaining a quiet and orderly class environment ..	1	2	3	1	2	3
f. Providing challenging tasks for higher-achieving children.....	1	2	3	1	2	3
g. Providing help to lower-achieving children to keep up with the class.....	1	2	3	1	2	3
h. Communicating well with parents	1	2	3	1	2	3
i. Working well with other staff	1	2	3	1	2	3
j. Openness to new ideas and methods	1	2	3	1	2	3
k. Participation in professional development activities.....	1	2	3	1	2	3

36. Indicate the extent to which you agree or disagree with the following statements about staff development opportunities at your school. CIRCLE ONE NUMBER ON EACH LINE.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. We have an active professional development program for teachers....	1	2	3	4	5
b. Teachers are very active in planning staff development activities in this school.....	1	2	3	4	5
c. There is adequate time for teacher professional development.....	1	2	3	4	5
d. This school offers incentives for teachers to improve their classroom management and instructional techniques	1	2	3	4	5

37. Indicate how much you agree or disagree with the following statements about the school's climate in the early grades. CIRCLE ONE NUMBER ON EACH LINE.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. The school-based management committee has developed good plans or concrete suggestions for school improvement	1	2	3	4	5
b. The teachers' professional association (or union) and the school administration work together to improve the achievement of children in this school.....	1	2	3	4	5
c. Parents are actively involved in this school's programs	1	2	3	4	5
d. Teacher absenteeism is a problem at this school.....	1	2	3	4	5
e. Teacher turnover is a problem at this school.....	1	2	3	4	5
f. Child absenteeism is a problem at this school.....	1	2	3	4	5
g. The community served by this school is supportive of its goals and activities	1	2	3	4	5
h. There is a consensus among administrators and teachers on goals and expectations	1	2	3	4	5
i. Order and discipline are maintained satisfactorily in the building(s)	1	2	3	4	5
j. Overcrowding is a problem at this school	1	2	3	4	5
k. Parents of children in this school are welcome to observe classes any time they are in session	1	2	3	4	5
l. Parents frequently ask me to assign/reassign their children to particular classes, teachers, or programs	1	2	3	4	5
m. I usually grant parent requests for particular classes, teachers, or programs	1	2	3	4	5

38. How much influence do the following have on how your job performance is evaluated? CIRCLE ONE NUMBER ON EACH LINE.

	No influence	Some influence	A great deal of influence
a. Standardized test scores.....	1	2	3
b. Raising the performance level of lower-achieving students.....	1	2	3
c. Attendance	1	2	3
d. School safety	1	2	3
e. Parent and community support.....	1	2	3
f. Parent involvement in school activities	1	2	3
g. Teacher and staff support	1	2	3
h. Participation in professional development activities.....	1	2	3
i. Other (Please specify) _____	1	2	3

IX. PRINCIPAL CHARACTERISTICS

39. Is this your first year as the principal in this school?

- Yes 1 **(GO TO Q40)**
No 2 **(SKIP TO Q50)**

40. What is your gender?

- Male 1
Female 2

41. In what year were you born? WRITE IN YEAR BELOW.

19 _____

42. Are you of Hispanic or Latino origin? CIRCLE ONE NUMBER.

- Yes 1
No 2

43. Which best describes your race? CIRCLE ALL THAT APPLY.

- American Indian or Alaska Native 1
Asian 2
Black or African American..... 3
Native Hawaiian or Other Pacific
Islander..... 4
White 5

44. How many years of experience do you have in each of the following positions? WRITE IN THE YEARS BELOW.

Number of years

- a. Years as a teacher before becoming a principal _____
b. Total number of years as a principal _____
c. Number of years as principal at this school _____

45. How many years have you taught each of the following grades and programs? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.5). PLEASE INCLUDE PART-TIME TEACHING. WRITE "0" IF YOU HAVE NEVER TAUGHT THE GRADE OR PROGRAM LISTED.

	Total Years Grade or Program Taught
a. Preschool or Head Start	_____ . _____
b. Kindergarten (including Transitional/Readiness Kindergarten and Transitional/pre-1st grade)	_____ . _____
c. First grade	_____ . _____
d. Second through fifth grade	_____ . _____
e. Sixth grade or higher	_____ . _____
f. English as a Second Language (ESL) program	_____ . _____
g. Bilingual education program	_____ . _____
h. Special education program	_____ . _____
i. Physical education program	_____ . _____
j. Art or music program	_____ . _____

46. How many college courses have you completed in the following areas? CIRCLE ONE NUMBER ON EACH LINE.

	Number of Courses						
a. Early childhood education	0	1	2	3	4	5	6+
b. Elementary education	0	1	2	3	4	5	6+
c. Special education	0	1	2	3	4	5	6+
d. English as a Second Language (ESL)	0	1	2	3	4	5	6+
e. Child development	0	1	2	3	4	5	6+
f. Methods of teaching reading	0	1	2	3	4	5	6+
g. Methods of teaching mathematics	0	1	2	3	4	5	6+
h. Methods of teaching science	0	1	2	3	4	5	6+
i. School administration/management	0	1	2	3	4	5	6+

47. What is the highest level of education you have completed? CIRCLE ONLY ONE NUMBER.

- | | |
|--|---|
| High school diploma | 1 |
| Associate's degree | 2 |
| Bachelor's degree | 3 |
| At least one years of course work beyond a Bachelor's degree but not a graduate degree..... | 4 |
| Master's degree..... | 5 |
| Education specialist or professional diploma based on at least one year of course work past a Master's degree level..... | 6 |
| Doctorate | 7 |

48. Please estimate how many hours you spend on average per week in the following activities. WRITE IN NUMBER OF HOURS BELOW.

- | | Hours Per Week |
|---|-----------------------|
| a. Working with teachers on instructional issues | _____ |
| b. Internal school management (weekly calendars, vendors, office, memos, etc.)..... | _____ |
| c. Student discipline/attendance | _____ |
| d. Monitoring hallways, playground, lunchroom | _____ |
| e. Teaching | _____ |
| f. Talking and meeting with parents | _____ |
| g. Meeting with students..... | _____ |
| h. Paperwork required by local, state, or federal authorities | _____ |

49. What is your best estimate of the number of children you know by name? CIRCLE ONLY ONE NUMBER.

- | | |
|--------------------------|---|
| Nearly every child | 1 |
| 76% or more..... | 2 |
| 51% to 75%..... | 3 |
| 26% to 50%..... | 4 |
| 25% or less..... | 5 |

50. DATE QUESTIONNAIRE COMPLETED: / /
Month Day Year

51. **QUESTIONNAIRE COMPLETED BY:**

(Last Name)

(First Name)

(MI)

THANK YOU FOR YOUR COOPERATION